

FILED OCT 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH070 34197  
State File No. 5810

BIRTH NO. _____		REG. DIST. NO. <u>230</u>		PRIMARY REG. DIST. NO. <u>43-45</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Loutre</u> c. LENGTH OF STAY (in this place) <u>75 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montg.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Loutre</u> d. STREET ADDRESS (If rural, give location) <u>Southern Montg. Co.</u>			
3. NAME OF DECEASED (Type or Print) <u>AUGUST</u>		a. (First)		b. (Middle)		c. (Last) <u>HEYING</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>9-14-1875</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		9. AGE (in years last birthday) <u>75</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>Frank Heying</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Struttman</u>		14. NAME OF HUSBAND OR WIFE <u>Malvenia Heying</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>S. B. Heying</u>		ADDRESS <u>Rhineland Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive hemorrhage - retro-pentoneal - <del>left</del> right side only</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Hypertensive Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>68234</u> <u>22</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Country road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rhineland - Mont. Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Drove off road in fog.</u>			
22. I hereby certify that I attended the deceased from <u>Oct. 9</u> , 19 <u>50</u> , to <u>Oct. 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct. 11</u> , 19 <u>50</u> , and that death occurred at <u>11:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Ryan</u> (Degree or title) <u>MD.</u>				23b. ADDRESS <u>Hermann Mo</u>		23c. DATE SIGNED <u>10/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/14/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's</u>		24d. LOCATION (City, town, or county) (State) <u>Rhineland, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 13<sup>th</sup> 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Bernice Bush</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kottmeyer &amp; Co.</u> ADDRESS <u>Rhineland Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 16 1950

RECEIVED

APR 3 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*D B Baker*

Licensed Embalmer No. *337V*

P. O. Address *American*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.